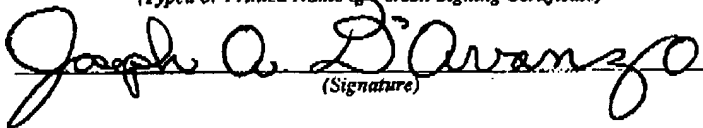
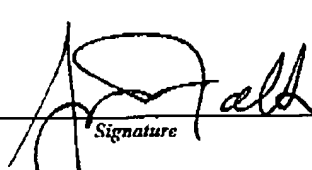


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b> Applicant(s): S. Baba et al.			Docket No. APP 1204
Serial No. 09/693,019	Filing Date October 20, 2006	Examiner KADING, JOSHUA A.	Group Art Unit 2661
Invention: Method and System for Host Mobility Management Protocol			
<p>I hereby certify that this <u>Reply to Final Rejection of July 9, 2004</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>September 20, 2004</u> (Date)</p> <p><u>Joseph A. D'Avanzo</u> (Typed or Printed Name of Person Signing Certificate)</p> <p> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. <b>APP 1204</b>		
Applicant(s): <b>S. Baba et al.</b>					
Serial No. <b>09/693,019</b>	Filing Date <b>October 20, 2000</b>	Examiner <b>KADING, JOSHUA A.</b>	Group Art Unit <b>2661</b>		
Invention: <b>Method and System for Host Mobility Management Protocol</b>					
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	7 -	13 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.</p><p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p></div><div style="width: 35%; text-align: right;"><p>Dated: <i>Sept 20, 2004</i></p></div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p> _____ Signature</p><p><b>James W. Falk (Reg No. 16154)</b> <b>Telcordia Technologies, Inc.</b> <b>One Telcordia Drive</b> <b>Piscataway, NJ 08854-4157</b></p></div><div style="width: 50%; border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
cc:					